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United States Patent Application Attorney Docket No.; H0005012--1623 First Named Inventor: Scot Olson

COMBINED DECLARATION AND POWER OF ATTORNEY FOR A UNITED STATES PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, mailing address, and country of citizenship are stated below next to my full name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter, which is claimed and for which a patent is sought on the invention entitled:

FLUORESCENT LAMP DRIVER SYSTEM

the spe [] [X]	ло. <u>10/788,895;</u>	27, 2004 and assigned U.S. app	lication serial no. or PCT application
I hereb includi	y state that I have revieing the claims, as amend	wed and understand the contents ded by any amendment specifical	of the above-identified specification, ly referred to above, if any.
I hereb by 37 (by acknowledge the duty C.F.R. § 1.56.	y to disclose information which	is material to patentability as defined
pateni, any for	inventor's or plant bree reign application for pa tional application havi	eders rights certificate(s), listed to tent, inventor's or plant breeder	365 of any foreign application(s) for below and have also identified below, s rights certificate(s), or of any PCT the application of which priority is
Fore	ign Application No.	Country	Foreign Filing Date
I hereb listed b	y claim the benefit unde below:	er 35 U.S.C. 119(e) of any United	d States Provisional applications
<u>Appl</u>	ication No.	Filing Date	

I hereby claim the benefit under 35 U.S.C. 120 of 365 of any United States application(s) or of any PCT international application designating the United States of America, listed below:

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IF&L Form - Assignment

EXECUTED as of the date(s) written below by ASSIGNOR:
Scot Olson Date: 15JUN04
STATE OF <u>Or</u>) COUNTY OF Manager
On this 15 ¹¹ day of Cycine, 3004, before me personally came the above named Scat Olson who is personally known by me or proved to me on the basis of
satisfactory evidence to be the same individual who executed the foregoing assignment, and who
acknowledged to me that he/she executed the same of his/her own free will for the use and purposes
CYNTHIA A. LANGRALL Notary Public - Arizona MARICOPA COUNTY My Commission Expires NOTARY PUBLIC Cynthia A. Langrall NOVEMBER 11, 2008 My Commission Expires: [1-11-06]
YIY CONTINUESSION EXPIRES: W-11-06
√ ∆ .
Date: 15 June 04 Bruce Pitman
Date: 15 June 04
Bruce Pitman STATE OF Can